



PRISONER ACTIVITY LOG

53-0392:: 09/07

PDCS-2032f

CENTRAL COMPLAINT NUMBER 13-68103		DATE OF INTERVIEW 1/23/13		TIME OF INTERVIEW 11/0	
PRECINCT 7	COMMAND 7.0	TOUR 7.2	BLOTTER ENTRY		
CHARGE(S) 1192 VTL Resulting in OGA			DISTRIBUTION: WHITE - CENTRAL RECORDS PINK - COMMAND OF DETENTION YELLOW - PRECINCT FILE GOLDENROD - COURT LIAISON		
PRISONER'S LAST NAME, FIRST, M.I. FRANQUIN, JACK A.			D.O.B. 12/14/86	SEX: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	RACE: () WHITE () BLACK () HISPANIC () ASIAN () AM INDIAN/ALASKAN NATIVE () NATIVE HAW/ OTHER PAC ISLANDER () UNK
ADDRESS: 83 MAGNOLIA DRIVE, Rock Point			DATE OF ARREST 1/23/13	TIME OF ARREST 1146	PLACE OF ARREST EFO 6 CORCORAN PATH
-PRISONER BAILED? If yes, continue <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		BAIL AMOUNT \$	APPEARANCE TICKET #	CASH BAIL RECEIPT #	
VISIBLE PHYSICAL CONDITION UPON ARRIVAL AT PRECINCT (Indicate observable cuts, scrapes, bruises, signs of drug/alcohol impairment) Prisoner has scrape across left cheek and appears intoxicated. Unsteady returned speech.			PRISONER CLAIMS PAIN, INJURY OR ILLNESS ... EXPLAIN DETAILS OF CLAIM Prisoner reports scrape occurred in altercation with police, that he's being treated for anti-anxiety but doesn't need medication at this time.		
VISIBLE EMOTIONAL CONDITION			IS PRISONER ON MEDICATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, continue PRESCRIPTION NUMBER _____ DOCTOR'S NAME _____ NAME OF PHARMACY _____ AMOUNT _____ EVERY _____ HOURS (NOTE MEDICATION DISTRIBUTION IN PRISONER ACTIVITY SECTION)		
ARE PHOTOS, IN ADDITION TO MUG SHOTS, REQUIRED AS PER R&P CHAP.16.17 <input type="checkbox"/> Y <input type="checkbox"/> N		PHOTOS TAKEN? <input type="checkbox"/> Y <input type="checkbox"/> N	PHOTOS TAKEN BY:		DATE:
ARRESTING OFFICER'S LAST NAME, FIRST, M.I. RANK/SHIELD/COMMAND (IF NOT SCPD, LIST AGENCY) Pt. G.2010 #5736/7/0/3			PLATOON COMMANDER OR DESIGNEE PERFORMING INTERVIEW John McF 28/7/13		
PRISONER LODGED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CELL NO. 1	TIME 1425	VISIBLE PHYSICAL CONDITION WHEN LODGED Good		PROPERTY RECEIPT # 866 284
			LODGING OFFICER'S INITIALS/SHIELD 5587		

PRISONER ACTIVITY

LIST ALL MOVEMENT OF PRISONER BOTH WITHIN AND OUTSIDE PRECINCT / COMMAND. INCLUDE TRANSPORTS TO HOSPITAL, COURT, INTERROGATIONS AND NOTE PHYSICAL CONDITION UPON RETURN. IF DIFFERENT UPON RETURN, SUBMIT I.C. TO EXPLAIN. IF PRISONER IS BAILED, LIST TIME & DATE ON APPROPRIATE LINE BELOW AND COMPLETE THE PRISONER BAILED BOX ABOVE. PRISONER INSPECTION VISITS ARE MADE AT INTERVALS NOT TO EXCEED 30 MINUTES APART.

TIME	REMARKS/OBSERVATIONS	OFFICER RANK / SHIELD	TIME	REMARKS/OBSERVATIONS	OFFICER RANK / SHIELD
1228	SEARCHED	Po 5587	1425	LODGED	5587
1234	ALCOHOL/DRUG INF REBT	Po 5736	1500	lymb down	Po 3441
1236	REFUSED	Po 5736	1530	lymb down	Po 3441
1246	2 ND REFUSAL	Po 573	1600	lymb down	Po 3441
1256	3 RD REFUSAL	Po 573	1630	lymb down	Po 3441
1257	I SMOKE A BOWL WITH MY FRIEND SIMON.	Po 5736	1700	Sitting	Po 3441
1300	I know I should NOT HAVE BEEN DRIVING, I AM ON PROBATION Already	Po 5736	1740	I hung his shirt to the cell bars. All's shirt removed + placed with his property	Sgt 1004
1330	SITTING	Po 5736	1800	sitting	Sgt 1004
1340	PROPERTY TAKEN #866284	Po 573			
1420	PHOTOS / PRINTS	Po 5587			

CHECK ☒ WHEN FUNCTION COMPLETEDWARRANTS CHECKED ☐PHOTOS / FINGERPRINTS TAKEN (IF NECESSARY) ☐ARREST PACKAGE REVIEWED & APPROVED ☐COURT INFORMATION SIGNED ☐

SUPERVISOR REVIEW _____